



PART B - FEE(S) TRANSMITTAL

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40518 7590 04/07/2006

LEVINE BAGADE LLP
 2483 EAST BAYSHORE ROAD, SUITE 100
 PALO ALTO, CA 94303
 BESHAR2 00000066 10798018

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Laura Shires	(Depositor's name)
<i>Laura Shires</i>	(Signature)
April 17, 2006	(Date)

700.00 OP
 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10798.018	03/11/2004	Michael D. Laufer	LAUFNZ00100	8804

TITLE OF INVENTION: SURGICAL FASTENING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/07/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAWSON, GLENN K	3731	605-151000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Levine Bagade LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Laura Shires*
 Typed or printed name Laura L. Shires

Date April 17, 2006

Registration No. 52,222

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FAX

To:	Commissioner for Patents	From:	Laura L. Shires
Fax:	(571) 273-2885	Pages:	4 (including cover page)
Phone:		Date:	April 17, 2006

Comments: **OFFICIAL FILING - ISSUE FEE**

Application No.: 10/798,018

Filing Date: March 11, 2004

Title: SURGICAL FASTENING SYSTEM

Inventor(s): Michael D. LAUFER

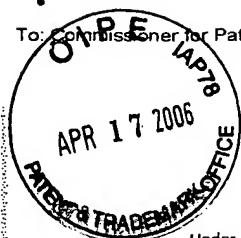
Examiner: G. Dawson

Group Art Unit: 3731

Attorney Docket No.: LAUFNZ00100

Papers attached:

1. Transmittal - 1 page
2. Part B - Fee(s) Transmittal - 1 page
3. Credit Card Payment Form - 1 page



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/798,018	
	Filing Date	March 11, 2004	
	First Named Inventor	Michael D. LAUFER	
	Art Unit	3731	
	Examiner Name	G. Dawson	
Total Number of Pages in This Submission	4	Attorney Docket Number	LAUFNZ00100

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee-Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Part B - Fee(s) Transmittal - 1 page 2. Credit Card Payment Form - 1 page 3. Fax Cover Sheet - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Levine Bagade LLP (Customer No. 40518)		
Signature			
Printed name	Laura L. Shires		
Date	April 17, 2006	Reg. No.	52,222

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Signature			
Typed or printed name	Laura L. Shires	Date	April 17, 2006

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